



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF TELECOMMUNICATIONS MANAGEMENT

KATHLEEN BABINEAUX BLANCO
GOVERNOR

JERRY LUKE LEBLANC
COMMISSIONER OF ADMINISTRATION

Request Date: _____

OTM - Voice Processing Group
Fax: 225-342-7965
Post Office Box 94280
Baton Rouge, LA 70804-9280

To Whom It May Concern:

This letter is to request a password reset on mailbox number ()
currently in the name of _____, with the
_____ agency.

The new user name is _____. The reason for the
password reset is: _____

Please note: There is a one-time charge for this request. The requestor takes all
responsibility for mailbox holder privacy issues. In order for your request to be
processed it must be signed by the Agency Telecommunications Coordinator. Once
approved, please fax to the OTM Voice Processing Group at 225-342-7965. Upon reset,
the Requestor and the TC will be notified by email. Please allow at least two (2) full
business days after submittal to OTM for the reset to be completed.

Signed: _____ ()
Agency Telecommunications Coordinator (TC) Phone Number

TC's E-mail Address

Requestor ()
Phone Number

Requestor's E-mail Address

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To be completed by OTM:

OTM Approval: _____ Date/time faxed to vendor: _____

CatCode: _____

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